
Full Name of Party Submitting This Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone Number

IN THE DISTRICT COURT OF THE _____ JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

State Of Idaho, Department of Health and
Welfare, Division of Child Support Enforcement,
Plaintiff,
vs.

_____ ,

and

_____ ,

Co-Defendants.

Case No.: _____

JOINDER ORDER

This matter came before the Court on the [] mother's [] father's Motion for Joinder of a party. It is ORDERED that [] Mother [] Father, named _____ is joined as a party in this case. The case caption shall name both parents as Co-Defendants.

DATE: _____, 20____.

Magistrate

CLERK'S CERTIFICATE OF SERVICE:

I certify I served a copy:

To: State of Idaho, Department of Health and
Welfare, Division of Child Support Enforcement

(Name)

(Street or Post Office Address)

(City, State and Zip Code)

- ☐ By United States Mail
☐ By fax
☐ By personal delivery
☐ By overnight mail/Federal Express

To: _____
(Name)

(Street or Post Office Address)

(City, State and Zip Code)

- ☐ By United States Mail
☐ By fax
☐ By personal delivery
☐ By overnight mail/Federal Express

To: _____
(Name)

(Street or Post Office Address)

(City, State and Zip Code)

- ☐ By United States Mail
☐ By fax
☐ By personal delivery
☐ By overnight mail/Federal Express

Date: _____

CLERK OF THE COURT

By _____
Deputy Clerk